

# VENDOR REGISTRATION FORM (Substitute Form W-9)

PLEASE SUBMIT THIS FORM TO THE AGENCY WITH WHICH YOU DO BUSINESS

VENDOR NUMBER \_\_\_\_\_  
(County use only)

## VENDOR INFORMATION - PLEASE PRINT

← OR →

X Company Name: \_\_\_\_\_ Individual's Name: \_\_\_\_\_  
(If Sole Proprietor): \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Taxpayer ID: FEIN: SSN:

← OR →

X Mailing Address  
(Street/P.O. Box, City, State & Zip):  
Contact Name: Phone #( ) Fax #( )

X Remittance  
Address (If different than above):  
Contact Name: Phone #( ) Fax #( )

X Type of Business: ☐ Agency ☐ Corporation ☐ Employee ☐ Federal Agency  
☐ State Agency ☐ Local Government ☐ Partnership  
☐ Proprietorship ☐ Self ☐ Other (Please Explain)

X Small Business? ☐ Yes ☐ No  
Small Disadvantaged Business? ☐ Yes ☐ No  
Minority or Female Owned? ☐ MBE ☐ FBE

Certified By: \_\_\_\_\_ (i.e. - Federal SBA, State/Local Agency, Regional NMSDC Affiliate)

X I hereby certify that the information supplied herein is true and correct and I am a U.S. person (including a U.S. resident alien).

Signature of person filling out this form \_\_\_\_\_ Date \_\_\_\_\_

FOR COUNTY USE ONLY

This Vendor should be added to Hamilton County's list of authorized vendors.

Authorized Signature \_\_\_\_\_

Department Number \_\_\_\_\_

Date \_\_\_\_\_